

\_\_\_\_\_  
Full Name of Party Filing This Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

<p>_____,</p> <p style="text-align: center;">Plaintiff,</p> <p style="text-align: center;">vs.</p> <p>_____,</p> <p style="text-align: center;">Defendant.</p>	<p>Case No.: _____</p> <p>NOTICE OF HEARING</p>
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NOTICE IS GIVEN that the Motion for Order for Genetic Tests will come before the court  
for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the hour of \_\_\_\_\_ .m.,  
at the \_\_\_\_\_ County Courthouse, (street address, city and state of courthouse) \_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

## CERTIFICATE OF SERVICE

I certify I served a copy to: (Fill in the mailing address of the attorney for the Department of Health & Welfare and the other parent's name and mailing address)

\_\_\_\_\_  
(Name) ☐ By Mail  
\_\_\_\_\_  
(Street or Post Office Address) ☐ By fax  
\_\_\_\_\_  
(City, State, and Zip Code) ☐ By personal delivery

\_\_\_\_\_  
(Name) ☐ By Mail  
\_\_\_\_\_  
(Street or Post Office Address) ☐ By fax  
\_\_\_\_\_  
(City, State, and Zip Code) ☐ By personal delivery

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed Name of Party Signing